

Department of Mathematics
Quaid-I-Azam University (QAU)
Ph.D. Comprehensive Oral Exam

Name: _____

Registration No.: _____

Semester: _____

Date: _____

Subjects:

Committee Members:

1. _____

2. _____

3. _____

Result:

Pass	Fail	Repeat
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Comprehensive In charge
(Dr. Sajjad ur Rehman)

Chairman